V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00652
1. PLACE OF DEATH	50
County Howard	Registration Dist. No.
Village or City Davage	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a nospital or institution, give its INAINE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Seleva & Deaty	If U.S. Veteran apecify WAR
500 111	0 m 0 0 0 W 0 0 V m 0 m m m 0 m m m
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 4 193 6
A. If married, widowed, or divoked HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Coff a. Deaty	22. / HEREBY GERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Nast saw h allve on /2 3 193 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at 1 a m.
48 11 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
8 Trade profession or particular	were est follows:  Date of onset
kind of work done, as SPINNER rouse worke	Carcina Luna.
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occup	
O this occupation (month and spent in this year) occupation	
1/	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Cuma marculus !!!
13. NAME John Mr. Curry	
13. NAME JOHN JU. CUNY 14. BIRTHPLACE (city or town)	Name of operation amountain Breas Dete of (7)
(State of country)	What test confirmed diagnosis?
# 15. MAIDEN NAME Senone, Trent	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
E (State or cooning)	Where did injury occur?
17. INFORMANT COLF LL DORLY (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
paray of me pate fourth, 1930	Nature of injury
19. UNDERTAKER HOND LOUSEL	24. Was disease or injury in any way related in occupation of deceased?
(Address)	If so, specify
20. FILED / 3 6/2 1/ 19 Trank Shilley	(Signed) M, D,
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis Q 4 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis !!! EAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

00655

1. PLACE OF DEATH  County Coward	Registration Dist. No. 195
Village or City Horth Raural Med	ND. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or lown where deeth occurred. For yrs	mosds. How long in U.S. if of foreign birth?yrsds  If U.S. Veteran specify WAR
(a) Residence: No. Zaurel (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the ye	
HUSBAND of Corner Consey	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year)  7. AGE  Years  Months  Deys  1 day,  1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and spent in this	Date of onse
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importance:
13. NAME At Teleley  14. BIRTHPLACE (city or town)  (State or country)	Name of operation. amfutal Burn Date of fully 79 a What test confirmed diagnosis? Muscher an autopsy?
15. MAIDEN NAME aura Meeke  16. BIRTHPLACE (city or town)  (State or cognity)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT ON A CANADA MARINE TO THE STREET OF THE STRE	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
19. UNDERTAKEN JOSEPH LANGERY (Address)	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify

V. S. No. 1

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11.—The number of years the deceased followed the occupation.

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Example I	Ė	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephricis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PEB 4 mag			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	1656
1. PLACE OF DEATH		10	
County Soward	*************	Registration Dist. No. / 93	
Village or City Conks bull	P	NoSt.,	Ward
Length of residence in city or town where death occurred.		f death occurred in a hospital or institution, give its NAME instead of street and r sds. How long in U.S. if of foreign blrth?yrsmm	
2. FULL NAME LESSIE	Darker	never in any and	73
(a) Residence: No.	oo cay	St., Ward.	
(Usual p	lace of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
	ARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	6
5a. If married, widowed, or divorced	dold	(Month) (Oay)	(Year)
HUSBANO of Coldie Dorsey		22) I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) ONLY	860	I last saw h. I.M. alive on Jan 16 19.3 6	; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the data stated above, at 750 m.	
6/14/2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were applollows:	Onto of smooth
8. Trade, profession, or particular kind of work done, as S PINNER, SAWYER, BOOKKEEPER, etc	~	Cober preumonia	Oate of great
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and		Chronic Ownersty	Jan 16 -
work was done, as SILK MILL, SAW MILL, BANK, etc			1455
tims occupation (month and	al time (years) spent in this occupation		
12, BIRTHPLACE (city or town)	1	Other Contributory Causes of importance:	
(State or country) Canal Car	mol,	Tentity	
13. NAME /ach Dorsey			
13. NAME CAN Darkey 14. BIRTHPLACE (city or town)		Name of operation Oate of	
(State of country) Partial Coll.	, widh	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)   (State or country)		Accident, suicide, or homicide? Date of injury	, 19
18 H. ()	the	Where did injury occur? (Specify city or town, county and State Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:)
17. INFORMANT (Address)	le mot,	Opening whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	10-	Manner of injury	
Place Duran Vank annoate 40	Mel B., 1986.	Nature of injury	
19. UNDERTAKER OY. M. Suyd	u,	24. Was disease or injury in any way related to occupation of deceased?	no
(Address)	and.	If so, specify	2
20, FILED 201/ 1986 C. 02/00	Lyerono	(Signed) 10 2 writer Coloradia	Ø M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	11	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FLB	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastrocnteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(00)
County Howard.	Registration Dist. No. 191
	Weno. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Darah hu Pau	
(a) Residence: No. Fello and Ellustication (Usual place of abode)	St., Culquart. M. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the bord)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Cory WIFE of B. H. Www Paul	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw her alive on from 21/1, 1936; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1/ Unknown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	arebral henvirbage 1-21-3
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10- Date deceased last worked at  11. Total time (years)	
O 10-Date deceased last worked at this occupation (month and 12/36 spent in this occupation year)	
12. BIRTHPLACE (city or town)	Other Cootribotory Causes of importance:
(State or country) Rochester M. Y.	Hypertension 2
13. NAME Junes Elliots	
13. NAME Junes Elliott  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Clinical Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT S. H. New Paul	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ellioth cuty Wel.	
18. BURIAL, CREMATION, OR REMOVAL  Place St Johns Cery Date 1-23, 1936	Manner of injury
19. UNDERTAKER F. Nigueborhou	24. Was disease or injury in any way related to occupation of deceased?
1/02 21 1001 4 1 00	(Signed) Storge & Burg tork D. M. D.
20. FILED 19 POTT HILLER Registrar.	(Address) Elligott City O-And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
À	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

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should state item of infor-

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(100)
County Howard,	Registration Dist. No. 194
Village or City Hear. He lland	ND. St., Ward
(If Length of residence in etc) or town where death occurred 25 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Servered Reggs	Taither
(a) Residence: No. Hear Healing (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jaw. 13 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY ERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) were 28, 1907	
7. AGE Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Fell, with bottle in right hip prefect, Data of onsat
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	and bled to Seath from ent. Cutton
SAW MILL, BANK, etc	Accidental death.
this occupation (month and spant In this year)	
12. BIRTHPLACE (city or town) Claulleyelle, (State or country) Mary Land.	Dther Cantributary Causes of Importence:
1 11 2 10 11	
13. NAME Velicy . State or couptry) Mary land.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMELIQUEIR Hardy	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAMELY	Accident, suicide, or homicide? accidentate of injury 1-14., 1936.
State or country) Mary lucy,	Where did injury occur? near Highland (Specify city or town, county and State)
17. INFORMANT V: 6. Faither Mel.	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  in field
Place Starts Com. Date Jan. 16,19.31	Manner of injury Cut on hip Nature of injury Bled to death from cut
19. UNDERTAKER & Saston Sokes	24. Was disease or injury in any way related to occupation of deceased?
20, FILED au 15, 1986 Sa Reclisto.	(Signed) Stauley 6. Fruithum. M. D.  (Address) Acting Coroner, Ellicott. M.D.
Kegistrar.	" (nouress)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HEB 1830	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F. C. E. IVF	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago
/U V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	(45-6)	
	Registration Dist. No. 192	,
Lon.	No. St.	Ward
ath occurred 32 yrs. mos.	death occurred in a horpital or institution, give its NAME instead of street and ni ds. How long In U.S. if of foreign birth?	
a Hackel	/	70 W W
(Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SINGLE, MARRIED, WIDOWED, OR WORKED (write the word)	21. DATE OF DEATH (au. 25	193 (Yeer)
9. Hacket	22 I HEREBY CERTIFY, Thet I attended d	/
el. 15, 1865 Deys If LESS than	0 1110	; death is said
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:	Date of onset
Home	Chronic Parcordeles	1932
11. Total interpretation		
vard la	Other Contributor Causes of Importance: Oluse Bronchiles	1-10-36
Holman	Simul	
Tracy	Name of operation Dete of Whet test confirmed diagnosis? Wes there an at	
avana	23. If death was due to external causes (VtOLENCE) fill In also the following:  Accident, suicide, or homicide? Dete of injury	
Hackel	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
Date AU. 28,1936	Manner of injury	
Spro	24. Was disease or injury in any wey related to occupetion of deceased?	Zes .
7	(Signed) MCAMBOO	(M. D.

(Address) Syfreeville, med.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	i	Example II	
The principal cause of of importance were as f		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HESSING.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	is FFD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FAR 6 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

Length of residence in city or town where death occurred yrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  yrs  mos.  ds. How long in U.S. if of foreign birth?  yrs.  mos.  ds. How long in U.S. if of foreign birth?  yrs.  mos.  ds.  Length of residence in city or town where death occurred  yrs  mos.  ds.  How long in U.S. if of foreign birth?  yrs.  mos.  ds.  Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of  21. DATE OF DEATH  (Month)  (Day)  (Year)  1936, to   1. PLACE OF DEATH	<u> </u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred	County Ansagal	Registration Dist. No. 491
Length of residence in city or town where death occurred		
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (winte the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  (Usual place of abode)  St., Ward.  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Month)  (Day)  (Vear)  1 lest saw h. alive on, 19; death is said.		
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22.  I HEREBY CERTIFY That I attended deceased from (nonth, day, and year)  6. DATE OF BIRTH (month, day, and year)  1 lest saw h alive on 19 ; death is said	2. FULL NAME Boly Bry Hall	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  [Usual place of abode)  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  21. DATE OF DEATH  (Month)  (Day)  (Year)  1   HEREBY CERTIFY That I attended deceased from the place of the p	la di a collina	St. Ward.
3. SEX 4. COLOR OR RACE Solid Married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. DATE OF DEATH (Month)  (Day)  (Year)  22. I HEREBY CERTIFY That I attended decessed from the property of the prop	(Usual place of abode)	If nonresident give city or town and State
OR DIVORCED (write the word)  (Month)  (Day)  (Month)  (Day)  (Year)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY That I attended deceased from (or) WIFE of 1936, to 1936,		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY That I attended deceased from (pay)  (veal)  (veal)  (veal)  (bay)  (veal)  (test)  (bay)  (veal)  (bay)  (veal)  (test)  (bay)  (veal)  (test)  (bay)  (veal)  (test)  (te	OR DIVORCED (write the word)	21. DATE OF DEATH Jan 6
HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY That I attended decessed from (or) WIFE of 1936, to 1936, to 1936  6. DATE OF BIRTH (month, day, and year)  1 lest saw h alive on 1936	A	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 6, 1936   lest saw h alive on, 19; death is said	HUSBAND of	
DALE OF BIRTH (month, day, and year)	( 1626	
1. AGE 1921S   WORLDS   DAYS   II LESS then   To have occurred on the date stated above, at 1/2 m	o. DATE OF BIRTH (MONTH, day, and year)	2 +
1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	TO THE COURT OF TH	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Jadustry or business In which work weer done as SILK MILL.	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	$\alpha$ . $\alpha$
9. Industry or business in which work-wes done, as SILK MILL,	9. Industry or business In which work-wes done, as SILK MILL,	Hillon
SAW MULE: BANK, etc.  10. Date deceased last worked at sometime (yeers) spent in this spectrum of the spectrum	SAW MILE; BANK, etc	( Irematurity (5 months)
year) occupetion		
12. BIRTHPLACE (city or town) Elluvituty  Other Contributory Causes of importance:	12 RIPTHPLACE (city or town) Ellewaterty	Other Contributory Causes of importance:
(State or country)		
13. NAME Redgely Hall	13. NAME Redgely Hall	
13. NAME Redgely Hall  14. BIRTHPLACE (city or town) Amars County Name of operation Date of	14. BIRTHPLACE (city or town) ( trans County	Name of operation Date of
(State of country) What test confirmed diagnosis? Was there an autopsy?	(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury	15. MAIDEN NAME ROLL SILES	
16. BIRTHPLACE (city or town)   Accident, suicide, or homicide?   Date of injury   Date o	O 16. BIRTHPLACE (city or town)	
Specify city or town, county and State)	Deal Ste 14.10	(Specify city or town, county and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, OF INFOBELIC PLACE.  (Address)  (Address)		Sportly missis many security in mema, or mis oblic react.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	Ca Toole 1 - C 3/-	Manner of Injury
Place Date 1,1929 Neture of Injury	Place Date 1 9 ,1929	Neture of Injury
19. UNDERTAKER		24. Was disease or injury in any way releted to occupation of decessed?
(Address) Ellewitted us If so, specify	(Address) Ellevolt ede jus	Head of have land as
20. FILED 19. JL COTY Fresch (Signed) (Signed) M. I. (Address) Bushely had	20 FILED 1 10 TL CV/9 Pressett	(Signed) M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
FEB FED.	IVEE		
Other contributory causes of importance:	1936	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	. 3.		
	The second second		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

16/07/

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00662
1. PLACE OF DEATH	
County Lewary	Registration Dist. No. 195
Village or City	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U. S. If of foraign birth?yrsmosds.
2. FULL NAME the A / Lushman	If U. S. Veteran, specify WAR
(a) Residence: No. Washington	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. ,I HEREBY CERTIFY, Jhat I attended dacaased from
(VI) HILL VI	1/31,1936,101/31,1936
6. DATE OF BIRTH (month, day, and year) 1/3 1/3 6	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	mushout;
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date decaasad last worked at 11. Total time (years)	Erozen agey-
this occupation (month and spent in this occupation	apellowa of cervix
4	Othar Contributary Causes of Importance
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME Thomas Les huner	· · · · · · · · · · · · · · · · · · ·
	No. of a section
14, BIRTHPLACE (city or town)	Name of operation
15. MAIOEN NAME Butha ( Mulles	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) UC Spures	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT The full full (Address)	(Specify city or town, county and State) Spacify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ou Freunses Date // 31/26, 19	Nature of injury
This Heishman action	24. Was disease or injury in any way related to occupation of daceased?
19. UNOERTAKER (Addrass)	If so, specify 13 11 1/02 1 12
1/3/3/2 201 - 00 88 10011	(Signad) M. D.
20. FILED PAGE REGISTRAL	(Addrass) Burelly

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUMPHU V. S.			
Other contributory cruses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	0063
1. PLACE OF DEATH	(31)	-
County Noward	Registration Dist. No. 4	2
Village or City Davage	NoSt.,	Ward
	osds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Thos, H. Holmes	If U.S. Veteran specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	l State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the world)	21. DATE OF DEATH (Month) (Day)	, 1936 (Year)
Sa. If morried, widowed, ordivorced HUSBAND of (or) -WHEE of & Julian R. Humes.	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year Nov. 15th 1856	i last saw h saine alive on Jane: 197 5 1936	death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Frade, profession, or particular	were as follows:	Date of onset
kind of work done, as SPINNER, Lettred	Cerebral	11/-1
kind of work done, as SPINNER, Retried SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Haemontage	16873
SAW MILL, BANK, etc.  10. Date deceased last worked at 10 12 6 11. Total time (years) 40 spent in this occupation (month and year) cocupetion cocupetion		-
VA.	Other Contributory Causes of Importance:	2
12. BIRTHPLACE (city or town) (State or country)	Chy. teffentes	
13. NAME Harrison Holmes		
14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME VOAM Carley	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT O. W. Holmes (Address) Favage	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Piace Warrana. Ja : Date	Nature of injury	+
19. UNDERTAKER Wernis Baker.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Warasas, Ua.	If so, specify Thomas & Standard	<i>y</i>
20. FILED 19 3 49 Manh Shifley, Registrar.	(Signed) (Address) Davage	tu
If more blanks are needed, address State Resistra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

00663

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephrits	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

500	or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
X	infor stat UPA	1. PLACE OF DEATH	108
7	ould OCC	County forward	Registration Dist. No. 195
C)	should of OCC	Village or City Ellicott City	No. St., Ward
D	.5 0	Length of rasidence in city or town where death occurredmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
1	Every CIANS ement	2. FULL NAME Charles 1901	ent Rolling Matthews
	PHYSICIANS ct statement	(a) Residence: No. Lineford Rd	St., Ward.
	PHY St s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	AEC. PI Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	L'Y	Male Col OR DIVORCED (rupite the word)	(Month) (Day) , 193 (Year)
NG	田上面	5a. If married, widowed, or divorced HUSBAND of	(33)
BINDIN	MAN) A C lassifi	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
NIN.	EXZ.	6. DATE OF BIRTH (month, day, and year) Mor 12/35	I last saw h .: alive on 19 ; death is said
	A P ted perly ificat	7. AGE Years Months Days If JESS than	to have occurred on the date stated above, at
FOR	IS A PE stated E properly certificate	2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	HIS I be s be p	8. Trade, profession, or particular kind of work done, as SPINNER,	Tobar memora sty
RESERVED		kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
ER	K—T hould may back	work was dona, as SILK MILL, SAW MILL, BANK, etc	
ESS	INI E sl at it	10. Date deceased last worked at this occupation (month and year)	
	NFADING I	S10: 2 10 T	Other Contributory Canses of Importance:
ARGIN	ADIN d. 2 s, so	12. BIRTHPLACE (city or town) (State or country)  (State or country)	Comment to 1/1/1/2/2
RG	UNFA supplied n terms, ee instri	13. NAME andrew Rolling	0
MA		13. NAME  14. BIRTHPLACE (city or town) Ellipsele (State or country)	Name of operation
1	Lind .	(State of Country) France St.	What test confirmed diagnosis? Was there an autopsy?
	W W in in an in	15. MAIDEN NAME  16. BIRTHPLACE (city or town). Electrical Control Con	23. If death was due to external causes (VIOLENCE) fill in also the following:
4	CA TH Por	O 16. BIRTHPLACE (city or town).  (State or country) Servand Co. And	Accident, suicide, or homicide? Date of Injury, 19
	ALTAY, d be cal DEATH y import	17. INFORMANT Rachel matthews	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	E PLA should OF D	(Address) Elicott city mg	V
	F-7 02	18. BURIAL, CREMATION, OR REMOVAL Place Alexander Programme Date 1921	Manner of injury
	WRITH lation :	196	Nature of Injury
0. 1	N E S	19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased?
S. No.	m (T)	20. FILED 1/13/3/ 15 Mark Shifters	(Signed) BBBB Mumbow &M.D.
>	z	ZO, FILED Registrar.	(Address) Elpragema
		If more blanks are needed, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	12		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A DELIVERY AND A CENTRAL PROPERTY OF A SECOND PROPE	
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Leller - 13rumlangh 3-17-36	
0	

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY, V. S. No. 1 B.

		OF MAR'	YLAND-	CERTIFICATE OF DEATH	0665
1. PLACE OF	1			(82-0)	241
	0 /-	00		Registration Dist. No.	]
Village or City				NoSt.,  f death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of reside	enca in city or town whara	death occurred_7_	7yrs/_ 0mo:	s3 _ ds. How long in U.S. if of foreign birth?yrsme	sds.
2. FULL NAM	IE Noma	de M	urquir	nde If U. S. Veteran, specify WAR	
(a) Residence	: No. Cooled	ville.	md	St., Ward.	
PERSONA	L AND STATIST	(Usual place		If nonresident give city or town and	State
	L AND STATIST	5. SINGLE, MARI		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH A	
7	W		(write the word)	(Month) (Day)	, 193 6 (Year)
5a. If married, widowed HUSBAND of (or) WIFE of	on) Pula	lancia do	Mun quind	22.   I HEREBY CERTIFY, That I attended	daceased from
6 DATE OF BIRTH (-	h	1101 1	1850	hast saw her ally and 8	يط قر 19
7. AGE Years		Days	If LESS than	to have occurred on the date stated above, at \$ 30 P m.	; death is sald
T	7 10	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance	
8. Trada, professi kind of wor		nome	l ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were es follows:  Cerebral Hemorrh e.g.	Date of onset
9. Industry or bu	siness in which lone, as SILK MILL, BANK, etc.	K			,m
10. Date deceased this occupal year)	last worked at tion (month and	11. Total til	ma (years) tin this pation		
12. BIRTHPLACE (city of	or town) mid		pation	Other Contributory Causes of importance:	
(State or country	(y)	1			
13. NAME /	under to	toward			
14. BIRTHPLACE (C		4		Name of operation Date of	
1 (3:46-01-0	0	1		What test confirmed diagnosis? Wes there an a	ulopsy?
15. MAIDEN NAME	1	Dans		23. If death was due to external causes (VIOLENCE) fill In also the following	
O 16. BIRTHPLACE (c	city or town) Wild			Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Ce	egustus TI	ig go		Where did injury occur?	ice.
18. BURIAL, CREMATIO		1	, ,	Manner of Injury	
Place NOOC	llum Cen	reland fa	W10,1936	Nature of injury	
19. UNDERTAKER 46 (Address) 80	enry W.)	news +	ow	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED., aar	9 ,1936	1 de la	Charles Regioners	(Signed) & Unchols (Address) Clarkertle Mid	M. D.
1-1	If more	blanks are needed, ac	dress State Registrar,		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis JAN	1 year
		-01	

V. S. No. 1 m

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1. PLACE OF DEATH  County  Village or City Johnson  Langth of residence in city or town where dead occurred.  Ward  Langth of residence in city or town where dead occurred.  (a) Residence in city or town where dead occurred.  (b) Residence in city or town where dead occurred.  (b) Residence in city or town where dead occurred.  (c) Residence in city or town where dead occurred.  (d) Residence in city or town where dead occurred.  (e) Residence in city or town where dead occurred.  (g) Residence in city or town where dead occurred.  (g) Residence in city or town where dead occurred.  (g) Residence in city or town where dead occurred.  (g) Residence in city or town where dead occurred.  (g) Residence in city or town and State.  PERSONAL AND STATISTICAL PARTICULARS  (g) Residence in city or town and State.  (g) Residence in city or town and State.  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  (Glosth)	STATE OF MARYLAND-	CERTIFICATE OF DEATH 00666
Village or City. Illustrated (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where deady occurred yrs most.  2. FULL NAME  (a) Residence: No.  (Unulplace of shoole)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCEL MARKED  OR DUYORCED (write the words)  St. 1. Ward  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  OR DUYORCED (write the words)  St. 1. Ward  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  OR DUYORCED (write the words)  St. 1. Ward  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  OR DUYORCED (write the words)  St. 1. Ward  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  10. DATE OF BRITH (month, day, end year)  11. BRITHPLACE (city or town)  12. BRITHPLACE (city or town)  13. NAME  14. DATE OF BRITH (month, day end year)  15. MAINTENANCE AND AND AND AND	1. PLACE OF DEATH	(4.18)
Length of residence in city or town where deally occurred.  Length of residence in city or town where deally occurred.  2. FULL NAME  (a) Residence: No.  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WHOWAD, OR BYORCED (earlie) be word)  5a. Il merried, widowed, or diverced (cry wife to word)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade, prolession, or particular winds and interest of the coupstion of the date still debove, etc.  8. Trade, prolession, or particular winds and interest of the coupstion of the date still debove, etc.  8. Trade, prolession, or particular winds and interest of the coupstion of the date still debove, etc.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in which still a specific in this operation.  9. Alloustry or business in whic	County Noward	Registration Dist. No. / / /
Length of residence in city or town where deally occurred yrs. mos. ds. How long in U.S. it of loreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. (Ureal place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINDLE MARRIED, WINDOWD. OR DIVORCED (write ) pe word)  5s. 11 merried, widowed, or divorced (HUSRAND of Oracle)  4. DATE OF BIRTH (month, day, and year) (Let g 7 / 9 - 9)  7. AGE Vers Months  6. DATE OF RIRTH (month, day, and year) (Let g 7 / 9 - 9)  8. DATE OF RIRTH (month, day, and year) (Let g 7 / 9 - 9)  8. Rindl over domes as SINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work downs as SINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work downs as SINNER, SAWYER, BOOKKEPER, etc.  10. John or country)  11. Total time (verse) spen in this occupation menth and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL (SEMATION), DR RADOVAL  Piace, Married, wild and seed of the properties of the		
2. FULL NAME  (a) Residence: No.  (Usualphee of abodo)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED  OR DIJYORED (criticity word)  5a. II. merried, widowed, or diworced  (Usualphee of abodo)  OR DIJYORED (criticity word)  5a. II. merried, widowed, or diworced  (Usualphee of abodo)  OR DIJYORED (criticity word)  5a. II. merried, widowed, or diworced  (Usualphee of abodo)  OR DIJYORED (criticity word)  5a. II. merried, widowed, or diworced  (Usualphee of abodo)  OR DIJYORED (criticity word)  5a. II. merried, widowed, or diworced  (Usualphee of abodo)  OR DIJYORED (criticity word)  5a. II. merried, widowed, or diworced  (Usualphee of abodo)  OR DIJYORED (criticity word)  5a. II. merried, widowed, or diworced  (Usualphee of abodo)  OR DIJYORED (criticity word)  OR DIJYORED (criticity or particular  S. Trade, prolession, or particular  S. Trade	Length of residence in city or town where death occurred	
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIJORCED (write lie world)  5. Il merried, widowed, or divorced (or) Wife of (or) Wife of  6. DATE OF BIRTH (month), day, end year)  6. DATE OF BIRTH (month), day, end year)  6. DATE OF BIRTH (month), day, end year)  7. AGE  Years  Months  CY  10 1 day.  11 LESS than  1 day.  12 1 HER EBY CERT 1 Fy. That I attended deceased from the value of on the date at bit down, end year)  10 1 base occurred on the date at bit down, end year)  10 1 base occurred on the date at bit down, end year)  10 1 base occurred on the date at bit down, end year)  10 1 base occurred on the date at bit down, end year)  11 LESS than  12 1 HER EBY CERT 1 Fy. That I attended deceased from 19 3 2 death is said 10 a base occurred on the date at bit down, end years of minoritance  10 10 colored on the date at bit down, end years on the date at bit down, end	11 0 1010	Muserm
Clust place of shode    PERSONAL AND STATISTICAL PARTICULARS     S. SINCLE, MARRIED, WIDOWED, OR DIVOKED (which the word)     Sa. 11 married, widowed, or divorced HUSARDO     Or MIFE of     Charles of HUSARDO     Comparison of the word of the w		St Ward
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wine the word)  5. Il merried, widowed, or divorced (HUSBOT)  6. DATE OF BIRTH (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  7. AGE  8. Trace, protession, or particular (aday)  9. Industry or business in which work was done, as SILK MILL, SNAW MILL,	(Usual place of abode)	If nonresident give city or town and State
OR DIVORCED (write the word)  5.1 Interrited, withoused, or divorced HISBARD of Cory Wife of o	0.000	
55. It merried, widowed, or divorced HUSSAND (or) WIFE of Or (	of Direction, Ministry, Wilder,	Aan 10 1936
6. DATE OF BIRTH (month, day, end year) (or) WIFE of  7. AGE Years Months Deys II LESS than 1 day,	5a. II merried, widowed, or divorced	V
6. DATE OF BIRTH (month, day, end year) (but 9 7 1 1 lest sew black alive on 0, 19.36; death is said to have occurred on the date stiff above, ets 2 m.  7. AGE Years Months Deys 11 LESS than 1 day, min.  8. Trade, procession, or particular representation of the min.  8. Trade, procession, or particular representation of the min.  8. SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SLUE days  10. Date of cased lest worked at the occupation month and spent in this occupation month and year)  11. Total time (years) spent in this occupation month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME		712
7. ACE  Years  Months  C  I day.  I LESS than I day.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Joliows:  Were as Joliows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Joliows:  Were as Joliows:  Were as Joliows:  Were as Joliows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Joliows:  Were as Joliows:  Were as Joliows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Joliows:  Were as Joliows:  Date of onset  Were as Joliows:  Date of onset  Were as Joliows:  Date of onset  Date of onset  Date of onset  Were as Joliows:  Date of onset  Date of onset  Date of onset  Date of onset  Were as Joliows:  Date of onset  Date	S DATE OF RIPTH (month day and work)	
Trade, profession, or particular were as follows:    S. Trade, profession, or particular were as follows:   S. Trade, profession, profession, as follows:   S. State or country		, death is said
8. Trade, profession, or particular kind of work done as SPINKER, Shunders of the SAWYER, BOCKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Total edeased lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DR. REMOVAL  Place  Date of Longer and State or Country  Manner of injury  Neture of injury in eny way related to occupation of deceased?  If so, specily  (Singed)		The PRINCIPAL CAUSE OF DEATH and related causes of importance
Signatistry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.   Saw MILL, e	9 Trade prologica or posting to	Larcome of amentura
Dther Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. UNDERTAKER (Address)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  Name of operation Name of ope	9. Industry or business in which	
Dther Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. UNDERTAKER (Address)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  Name of operation Name of ope	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place  Date  Dat	- Shellf Ill fill?	
What test confirmed diagnosis? Was there an aulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Date Date  Date  Date  Date  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Neture of Injury  19. UNDERTAKER (Address)  18. Was there an aulopsy?  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Was disease or injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  (Signed)  (Signed)  (Signed)		Dther Contributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Date Date Date  Date  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Was there an autopsy?  22. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Date ol injury  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Nanner of injury  Neture of injury  19. UNDERTAKER (Address)  16. So, specify  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. Specify  Neture of injury  19. UNDERTAKER (Address)	EL 13, NAME STEPPER MANAGEMENT	
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15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Date Date  Date  Date  19. UNDERTAKER (Address)	(State of Edulity)	
Where did injury occur?  (Specify city or town, county and State)  Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place  Date  Date  24. Was disease or injury in eny way related to occupation of deceased?  (Address)  (Address)  (Address)  (Specify city or town, county and State)  Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of injury  Neture of Injury  19. UNDERTAKER  (Address)  (Address)  (Address)  (Specify city or town, county and State)  Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  If so, specily  (Signed)	15. MAIDEN NAME Wand Brandenbur 4	
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17. INFORMANT A CALL Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Date Date 12, 1936  Neture of Injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  (Address)  (Signed)  (Signed)	(State or country)	Where did injury occur?
Place Works Date Date Neture of Injury  19. UNDERTAKER August Service		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
19. UNDERTAKER  (Address)  (Address)  (Signed)  Neture of Injury.  24. Was disease or injury in eny way related to occupation of deceased?  (Signed)	Sear / which have	Manner of injury
(Address) Sylverille Me If so, specily (Signed)	Place Date Date 12 , 1936	Neture of Injury
(Signed)		24. Was disease or injury in eny way related to occupation ol deceased?
on such (Market) and (I Replied) (Signed)	(Address) syllarly me	
20. FILED PARTY (Address) . (A		

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Example I		Example II	
The principal cause of death and related car of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 19	36 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0667
	1. PLACE OF DEATH	60.0	
	County Houged	Registration Dist. No.	0
	Village or City Elkrage	No	Ward
	Length of rasidence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and u	
1	2. FULL NAME John (Della	82.00	
	(a) Residence: No. M. Cusual place of abody	St., Ward.  If nonresident give city or town and state of the state of	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193.6
5a	. If marriad, widowad, or divorced HUSBAND of (or) WHFE of	22.   HEREBY CERTIFY, That I attanded d	Jacassed from
-	(or mes) a sanda of oung	Jan 1935, 10 Jan 17	, 19.3.6.
6.	DATE OF BIRTH (month, day, and year) Unknown 1875	Sast saw harmalive on James 17, 1976	; death is said
7.	AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at 5m.	
-	60 V 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trada, profession, or particular kind of work dona, as SPINNER,	Myocardial	Jan 19
OCCUPATION	SAWYER, BOOKKEEPER, etc.	effect of the and	Y
JU.	work was done, as SILK MILL, Horn to Landen		
Ö	10. Date daceasad last workad at this occupation (month and spant in this	( ) · · ·	
-	year) 9.3.2 occupation for	Other Coutributary Causes of importance:	
12	BIRTHPLACE (city or town)	Samely	1932
2	(State or country)	Tenerof arteriosebro	ang.
FATHER	13. NAME Tobach Sure		more
FA	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	1
ER .	15. MAIDEN NAME	What tast confirmed diagnosis? Was there are a 23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	19
×	(State or country)	Whera did injury occur?	
17	INFORMANT Benjamin Suell  (Addrass)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
ar	Place Usunge, ma Date Jun 21,1936	Nature of Injury	
19	(Addrass) 322 r Schroeder St	24. Was disease or Injury in any way related to occupation of deceased?	L-0
20	FILED On 1819 Mise & Brid No.	(Signed) BBB Day	4 M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis \ \( \tag{193}	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ALIVEAU V.	3.77		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Let met it

4 te ?	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state	1. PLACE OF DEATH	(Kg.F.)
ould occ	County Howard	Registration Dist. No. 14.5
item of should of OCC	Village or City Ellecott Cty	No. St., Ward
Sin	Length of residence in city or town where deeth occurred yrs	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
T AN I BE	2. FULL NAME Boby Man 716	Lowas
CCC. Every PHYSICIANS oct statement	(a) Residence: No. Watchles Adv	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
KECC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
LY.	Mole Col OR DIVORCED (write the word)	(Month) (Day) (Year)
MANEN A C T	5e. If merriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
BIND] FERMA EXA y class		Jon 5 ,1976, to 1976
BI PEF E	6. DATE OF BIRTH (month, dey, and year)	I Jast saw h
FOR IS A I stated proper	6. DATE OF BIRTH (month, dey, and year)  7. AGE  Years  Months  Deys  if LESS than  1 day,hrs.  or_30_min.	to have occurred on the date steted above, atm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A stated prope	8. Trade profession or particular	were as follows:
ED HIS	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	att o
RESERVED G INK—THIS GE should be	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Medyers
Short It m		
RES IN IGE IN AGE	U 10. Date decaased last worked at this occupation (month and year)	
Z T	12. BIRTHPLACE (city or town) Cloud Signature (State or country) Forward Signature 13. NAME Richard Mayers	Other Coutributory Causes of importence:
MARGIN UNFADI supplied.	(State or country) Howard Si	
AR(INF	13. NAME Richard Mayers	
	14. BIRTHPLACE (city or town) 5 Cl	Name of operation Dete of
T i g	(State of Country Monday)	What test confirmed diagnosis? Was there an autopsy?
X, WITI		Accident, suicide, or homicide? Date of injury 19
T S H	(State or country)	Where did injury occur?
AINEY,	17. INFORMANT LEAVE The	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Eliest Chan	<u> </u>
三 三 日 ·	Blackstons krevate 1/1 12/	Manner of injury
WRITE mation s	19. UNOERTAKER Nove employed	Nature of Injury
WR] matio	19. UNOERTAKER NOUL Employed	24. Was disaese or injury in any way related to occupation of deceased?
S. N.	1/5/3/ 2000 / 28/10	If so, specify (Signed)
s z	20. FILED 19 19 Water Registrar.	(Address) Ethicles The
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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SUN ALI V. S.	11		
1	15		
Other contributory causes of importance:		Other contributory causes of importance:	1 2
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-OCCUPA. 1. PLACE OF DEATH County 18000 Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_ statement PHYSICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1 day ..... hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or \_\_\_\_ min. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION Jo SAWYER, BOOKKEEPER, etc. may back Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc.... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this that occupation . instructions 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Ë Accident, suicide, or homicide? OF DEATH 16. BIRTHPLACE (city or town) ...... (State or country) pe Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE red-Nature of injury. LION 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify -(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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FBN 4 1936			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	PV	DUVCICIA	N
ADDITIONAL	SPACE	run	runinen	STATEMENTS	BI	PHISICIA	LIV